

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		1				
16	1					
17		1				
18		2				
19	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	31					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						